

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039735

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 228 Primary Registration District No. 3054 Registrar's No. 141

OCT 31 1962

1. PLACE OF DEATH a. COUNTY <u>PIKE CO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana, Mo.</u>		c. CITY OR TOWN <u>STOUTSVILLE, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D 2</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH WOODSON HUSS</u>			4. DATE OF DEATH Month Day Year <u>OCT. 25 1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 2 - 1968</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>8 23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>SHELBY CO., MO.</u>	
13a. FATHER'S NAME <u>ROZA HUSS</u>		13b. MOTHER'S MAIDEN NAME <u>W.H.</u>		14. NAME OF HUSBAND OR WIFE <u>ORPHA MAE HUSS</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>James Huss</u> Address <u>Stoutsville, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>2nd Advanced Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Tuberculosis</u> DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>10/19/62</u> to <u>10/25/62</u> and last saw him alive on <u>10/24/62</u>	COUNTY <u>Louisiana, Missouri</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>10/19/62</u> to <u>10/25/62</u> and last saw him alive on <u>10/24/62</u> Death occurred at <u>1:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Chas A. Linnell M.D.</u>		22b. ADDRESS <u>Louisiana, Missouri</u>		22c. DATE SIGNED <u>10/25/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10/27-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. 5 mi East of Paris, Mo.</u>	23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>E.H. Cagney</u>	ADDRESS <u>Paris, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-29-62</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collins</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Agnew.

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.